## **SECTION 2.**

# MANDATORY DENTAL PUBLIC HEALTH FORMS

TENNESSEE DEPARTMENT OF HEALTH BUREAU OF HEALTH SERVICES ORAL HEALTH SERVICES SECTION

#### SOAP FORMAT FOR DENTAL PATIENT RECORDS

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Use the SOAP format for dental records entries. This is a requirement with the revision of the Standards of Practice Manual.

S: subjective (chief complaint)

O: objective (findings)
A: assessment (diagnosis)
P: plan (treatment)

example: Initial Exam

- S: 5-year-old female presents for check-up and cleaning.
- O: Health history reviewed. Patient has a history of allergy to penicillin. Currently taking no medications. Dental exam and oral cancer screening exam performed. 2 bitewing and 3 periapical radiographs taken. Multiple carious teeth noted: # A,B,J,K,S, and T. # A has buccal swelling and a draining fistula. Poor oral hygiene with heavy plaque and red, bleeding gingiva in the maxillary anterior.
- A: Caries # A,B,J,K,S,T. Chronic periapical abscess # A. Gingivitis.
- P: 1. Today, exam, radiographs, prophy, and topical fluoride applied. Oral hygiene instruction given to patient and parent.
  - 2. Treatment Plan:

Extract # A

Operative: #B,J,S,T

3. Findings and treatment plan explained to parent and appointment made to begin treatment.

example: Routine operative appointment (after initial exam)

- S: Patient presents for operative appointment for restoration of # 19.
- O: Patient complained # 19 was sensitive when eating sweets. Bitewing radiograph shows distal decay into the dentin. Clinical exam shows occlusal decay also.
- A: # 19 occlusal and distal caries.
- P: Procedure: # 19 tooth prepped for DO amalgam, decay removed. Dycal, Copalite, and Tytin amalgam placed and carved. 1 carpule of 2% lidocaine with 1:100,000 epi. administered.

example: Emergency patient

- S: Patient presents for emergency treatment of a severe toothache in lower left quadrant
- O: Medical history reviewed, NKA, no medications, patient states that he has had constant pain for two days and cannot sleep due to the throbbing pain. Limited exam: #19 gross decay with DB cusp missing, One PA radiograph shows decay to the pulp with periapical radiolucency around the distal root, positive percussion, no swelling, patient has other carious teeth and periodontal disease present.
- A: #19 irreversible pulpitis
- P: Explained treatment options to patient of endodontics or extraction, patient desires extraction. Informed consent explained to patient and signed. Procedure: #19 extracted with elevator and forceps, no complications. 2 carpules of 2% lidocaine with 1:100,000 epi used. Gauze dressing placed for hemostasis. Rx written for Lortab 5.0 x 8, one q4-6h prn pain. Oral and Written post-op instructions given. Patient informed of need to seek care for other carious teeth and periodontal condition.

## Tennessee Department of Health Oral Health Services



### **Dental Examination and Operative Record**

l	Name:	Last		First	MI		Α	\ge:	_ Pa	arent/Guar	dian:			
A	Address	s:				Se	ex: M	F	Date of	Birth:	Recor	d #:		
0	City: _				State:			Zip:			Medicaid ID #	<b>:</b>		
_				FYAMINAT	ION RECORD				ı		OPERATI	VE RECO	RD	
_	1 2	2			bial 9 10 11	10 12	1.4	15 16	1 2	2 4 5		abial	0 11 12 13 14	1 15 16
Q												₩0		
U R	IPPER IGHT							UPPER LEFT	UPPER RIGHT					UPPER LEFT
L	ingual	A T	B C D S R Q	Mesial	F G H O N M		Li	ngual	Lingual	A B T S	C D E R Q P		G H I J N M L K	Lingual
R	OWER LIGHT 32 31		(D)		(II) (II) (II) (II) (II) (II) (II) (II)	(i) (ii) (iii) (ii	19	LOWER LEFT 18 17	LOWER RIGHT 32 31		(m) (m) (m) (m) (m) (m) (27) 26 25			LOWER LEFT D 18 17
_			mo o my y	1									arani mribe	
	DAT	Έ	TOOTH NUMBER				SERV	/ICE REN	IDERED				SIGNATURE (Full Na	
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#### HEALTH HISTORY FOR DENTAL SERVICES

Patient N		rst	Middle Initial	Last	Nan	ne of Parent/Gua	rdian:		
HEALTH HISTORY	DATE	CHANGED	UNCHANGED	DATE	CHANGED	UNCHANGED	DATE	CHANGED	UNCHANGED
UPDATE									
1. What	kind of dent	tal problem do y	ou have:			•	er required a bloo		.Yes No
							a blood clotting o		
Has there been any change in your health within					8.	Have you had radia			
1	•		Yes		0	other condition of			.Yes No
-				NO	9.	Are you taking any a. Antibiotics of	y of the following r sulfa drugs		.Yes No
4. The I	4. The name and address of thy physician is:			_			nts (blood thinner		
							high blood press eroids)		
						-			
		serious illness e illness or opei	or operationYes	No			tamide (Orinase) rugs for heart tro		
11 50,	what was th	e inness or oper	ation.			i. Nitroglycerin	١		.Yes No
							l Pills		
6. Do ye	ou have or ha	ave you had any	of the following	<u> </u>	10.	Are you allergic or			
disea	ses or proble	ms:				a. Local anesthe	etics		
			rtYes				other antibiotics		
		isease (heart tro	Yes	No			sedatives, or slee		
		coronary insuff				e. Aspirin			Yes No
		clusion, high blo							
			t murmur)Yes Yes	No No					
			Yes	No	1.1				
			Yes	No	11.	Do you have any d that you think I sho			
			Yes	No No		If so, please explain			.105 110
	h. Arthritis			No					
	Low blood pressure								
	Human Immuno Deficiency Virus (AIDS)Yes     m. Other:Yes								
	2	U	associated with				WOME	N	
	previous ext	raction's, surgei	y, or traumaYes	No	12.	Are you pregnant.			.Yes No
						) pg			
			STATEMENT	OF CONS	ENT FOR H	HEALTH SERV	ICES		
I hereby	give my co	onsent to all vi	sits necessary for _			th	ne purpose of n	nedical/dental	examination
					Patient Name	<b>:</b>			
			ance treatment, for d/or private doctor						
	ırately ans								
							Date: _		
In Case of	Emergency	, Please Notify	:		Nome		DL		
					Name		Phone		
Dentist Si	gnature:						Date: _		(OVED)
									(OVER)

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# Dental Examination and Operative Record Continuation

DATE	TOOTH NUMBER	SERVICE RENDERED	SIGNATURE/TITLE (Full Name)
DATE	NUMBER	SERVICE RENDERED	(Full Name)

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## INFORMED CONSENT FOR ORAL & MAXILLOFACIAL SURGERY

Patient Name:									
	First	Middle Initial	Last						
Procedure:	Extraction (Re	moval) of Teeth							
	surgery: I unders		ot removed my condition may worsen resulting						
1.									
2.	Loss of additional teeth								
3.	Pain								
Possible comp	lications which ha	ve been discussed with me includ	le, but are not limited to:						
1.	Injury to the ner permanent	ves of the lower lip and tongue ca	ausing numbness, which could possibly be						
2.	Bleeding and/or bruising which may be prolonged								
3.	Dry socket								
4.	Involvement of the sinus above the upper teeth								
5.	Infection								
6.	Decision to leave a small piece of root in the jaw when its removal would require extensive surge and increased risk of complications								
7.	Injury to adjacent teeth or fillings								
8.	Unusual reaction	n to medications given or prescrib	bed						
9.									
I have had the and to ask ques	opportunity to disc stions. I consent to	cuss my surgery with Dro surgery as described.							
Patient, Parent	, or Guardian		Date						
Doctor			Witness						

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